

CAPITAL CONSTRUCTION INPUT FORM

Department/Organization Name



The Commonwealth of Massachusetts
Office of the Comptroller

Revised: 8/2/01

Document ID								
Trans CC	Dept	R/Org	Number	CC Date	Acctg Prd	Bud FY	Action: Entry (E) Modify (M)	Approval #
Vendor Type		Vendor Code			Dates Of Service			
					From To			
Vendor Name					Comments:			
Contract Bid Type		Document Total		Current Year Amount			Total Out-Year Obligation Amnt	

LN	FY	Dept	Org	S/Org	Approp	Sub	Obj	S/Obj	Prog	TY	Proj/Cl/Grc	Status
Rptg		Serv Unit	Dates Of Service		Units	I/D	Rate			I/D		
			To									
			Serv Cd	Out-Yr Obligation			I/D	Line Amount		I/D		

LN	FY	Dept	Org	S/Org	Approp	Sub	Obj	S/Obj	Prog	TY	Proj/Cl/Grc	Status
Rptg		Serv Unit	Dates Of Service		Units	I/D	Rate			I/D		
			To									
			Serv Cd	Out-Yr Obligation			I/D	Line Amount		I/D		

Prepared By: _____ Title: _____ Date: _____

Entered By: _____ Title: _____ Date: _____ Page _____ of _____

The undersigned authorized signatory approving this document certifies that this document and any attachments are accurate and complete and comply with all applicable general and special laws and regulations.			
Approved By: _____	Title: _____	Date: _____	Phone #: _____